

MAR 1-1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF BIRTH

County Jackson  
Township Law  
City K.C.Registration District No. 399  
Primary Registration District No. 1002  
(No. 5710 Forest)File No. 6471  
Registered No. 330  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. 5710 Forest St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr-13-1862  
7. AGE YEARS 73 MONTHS 10 DAYS 1 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland13. NAME unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT (ADDRESS) Mrs E.A. Lowery  
5710 Forest18. BURIAL, CREMATION, OR REMOVAL PLACE Pittsburgh, Pa. DATE Feb 15, 193719. UNDERTAKER (ADDRESS) A.P. Doshier  
1415 E 1520. FILED 7 15 37 M. M. Groun  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14, 193722. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1937 to Feb 14, 1937  
I last saw him alive on Feb 14, 1937 Death is said to have occurred on the date stated above, at 2 a.m.The principal cause of death and related causes of importance were as follows:  
Bronchopneumonia Date of onset \_\_\_\_\_Other contributory causes of importance: Coronary Thrombosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? ✓ Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ✓ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_Where did injury occur? ✓ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.Manner of injury ✓Nature of injury ✓24. Was disease or injury in any way related to occupation of deceased? noIf so, specify \_\_\_\_\_  
(Signed) M. F. Swell, M. D.  
(Address) 818 Real Estate Bldg.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

